

2020 National Cost Collection guidance

# Volume 7: National Cost Collection – data submission

June 2020



# Contents

1. Introduction .....	4
1.1 Purpose .....	4
1.2 Provider compliance with new acute PLICS feeds .....	5
2. 2020 National Cost Collection submission windows .....	6
2.1 Further information on agreed adjustments .....	7
3. Submission scheduling – acute, ambulance and mental health. 9	
3.1 Submission scheduling detail – acute trusts .....	10
3.2 Submission scheduling detail – ambulance and mental health trusts .....	11
4. Submission scheduling detail – community trusts .....	12
5. Reporting of national averages throughout the collection .....	13
6. Revised National Cost Collection sign-off process .....	14
6.1 Board assurance .....	14
6.2 NCC authorisation .....	15
6.3 COVID-19 integrated costing assurance log (ICAL) .....	15
7. NCC workbook user guide .....	16
7.1 NCC workbook contents .....	16
7.2 Completing the workbook for aggregated costs .....	17
7.3 Flexible worksheets .....	18
7.4 Fixed worksheets .....	20
7.5 Summary worksheets .....	21
7.6 Reconciliation worksheet .....	21
7.7 Populating the upload worksheet .....	22
7.8 Data validations for aggregated costs .....	23
Running the validations in the workbook .....	23
RECON validations .....	24
Mandatory workbook validations .....	24
Non-mandatory validations .....	27
7.9 NHS Digital submission platforms .....	29
8. Data validation tool (DVT) user guide .....	30
8.1 What is the DVT? .....	30
8.2 Important information about the DVT .....	30

8.3 System requirements.....	31
8.4 How to install the tool .....	31
8.5 Known issues, limitations and remedial steps .....	32
Scenario.....	32
Remedial steps .....	32
8.6 General screens .....	33
Welcome screen .....	33
System Requirements screen .....	34
Available Collections screen .....	35
8.7 How to validate your patient-level costing extracts.....	35
Collection Options screen .....	35
File Locations screen .....	36
File Conversion and Data Validation screen .....	36
Generating your report screen .....	37
Summary screen.....	37
Alerts.....	38
8.8 How to compress your PLICS extracts (when validation is complete).....	39
Collection Options screen .....	39
File Locations screen .....	39
How to test the tool if your PLICS extracts are not ready.....	40
How to access and read the data validation report .....	40
How to access XML files .....	43
Further support available .....	43
9. Highlights from the desktop review .....	44
10. Acute dry run updates.....	46
Annex 1: Clarifications to Volume 3 – acute sector.....	49
Guidance clarification .....	49
Annex 2: Updated board assurance .....	53
Annex 3: NHS Digital submission platforms.....	55
Submission platforms explained.....	55
Strategic data collection service (SDCS).....	55
Accessing SDCS.....	55
Using SDCS to submit your NCC workbook and view previous submissions ..	59
Secure electric file transfer (SEFT) .....	65

# 1. Introduction

## 1.1 Purpose

1. This document is one of the seven volumes of the 2020 National Cost Collection (NCC) guidance<sup>1</sup> and should be read in conjunction with:
  - *Volume 1: Overview*
  - *Volume 2: National Cost Collection reconciliations and exclusions*
  - Volume 3, 4, 5 or 6 depending on your organisation's primary sector category<sup>2</sup>
  - *National Cost Collection 2020 COVID-19 recommendations.*<sup>3</sup>
2. Volume 4 for ambulance and Volume 5i for mental health will be published in July 2020. Volume 5ii for IAPT will be published in August 2020.
3. This document is intended to be used by all trusts that are mandated to make an NCC return for financial year 2019/20.
4. This document captures all remaining guidance not included in volumes 1 to 6 for your 2020 or 2021<sup>4</sup> NCC submission, including user guides for the two main tools<sup>5</sup> you need to use. It also addresses the impact of COVID-19 on the use of costing standards and the cost collection<sup>6</sup>.
5. It covers:
  - how to select your submission date and submit your 2019/20 NCC data
  - user guides for the NCC workbook and data validation tool (DVT)

<sup>1</sup> <https://improvement.nhs.uk/resources/approved-costing-guidance-2020/>

<sup>2</sup> Please refer to NCC volume 1 to identify your sector category.

<sup>3</sup> [https://www.openlearning.com/nhs/courses/costing-improvement/covid\\_19\\_guidance/](https://www.openlearning.com/nhs/courses/costing-improvement/covid_19_guidance/)

<sup>4</sup> For financial year 2019/20. The collection has been moved to early 2021 as a result of the COVID-19 pandemic.

<sup>5</sup> National Cost Collection workbook and data validation tool.

<sup>6</sup> Specifically, the process for applying for agreed adjustments, the change to the 2019/20 collection timetable and the relaxation of NCC sign off.

- new sign-off process for financial year 2019/20
  - findings from the 2020 acute sector dry run cost collection and changes made as a result (applicable to the acute sector only<sup>7</sup>).
6. Costing practitioners can access support from NHS England and NHS Improvement in a number of ways – see *Volume 1: Overview* (2.4 Support during the collection).
  7. In addition you can join our weekly ‘coffee and connect’ sessions by contacting [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk).

## 1.2 Provider compliance with new acute PLICS feeds

8. If your trust is unable to submit the new data feeds at patient level, please explain why in an email to [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk). One of the NCC team will contact you to discuss your situation in more detail and agree next steps.
9. If your trust can only submit one of the two new feed types,<sup>8</sup> we ask that you prioritise the supplementary information (SI) feed over the specialised ward care (SWC) extract.

<sup>7</sup> A dry run for Mental Health is currently being considered.

<sup>8</sup> In addition to AE, APC and OP.

## 2. 2020 National Cost Collection submission windows

10. We have revised the National Cost Collection (NCC) submission windows to take account of COVID-19, following engagement with trusts, software providers, NHS Digital and users of the PLICS data.

**Table 1: Submission windows for financial year 2019/20 data**

Sector	Timetable
Acute and community	7 September 2020 to 13 November 2020
Ambulance, mental health and IAPT	11 to 29 January 2021

11. There are no resubmission windows for any of the PLICS collections of financial year 2019/20 data.
12. We have chosen these windows because they have the fewest drawbacks and were preferred by trusts.<sup>9</sup>
13. These new windows:
  - allow sufficient time for trusts to cost COVID-19 as per the recommended guidance (this can be found on the open learning platform (OLP)<sup>10</sup>)
  - allow the IAPT collection to be added to the timetable without causing disruption
  - avoid the major holiday periods for most costing practitioners.

<sup>9</sup> Evidence gathered through the NCC survey in April and May 2020.

<sup>10</sup> [https://www.openlearning.com/nhs/courses/costing-improvement/covid\\_19\\_guidance/](https://www.openlearning.com/nhs/courses/costing-improvement/covid_19_guidance/)

14. Costing practitioners will have all the required tools as per the original timetable so if your trust is in a position to do so, you can complete all your files ahead and then upload them when your window opens.
15. The revised submission windows mean the development of the 2021 PLICS programme will be limited; stakeholder engagement indicated this is preferable to maintaining the original submission windows.

## 2.1 Further information on agreed adjustments

16. Line 48 on the reconciliation statement in the NCC workbook should be used only for adjustments for the NHS England and NHS Improvement COVID-19 financial impact template.<sup>11</sup>
17. Volume 2 of the NCC guidance outlines the agreed adjustments as part of the reconciliation statement. The information below updates that guidance to reduce the time it takes NHS England and NHS Improvement to authorise an agreed adjustment.
18. As per the existing guidance you should request authorisation for your adjustment by emailing [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk). However, please now cite '2020 NCC request for agreed adjustment' in the subject field when requesting an amendment as a result of the COVID-19 recommendations.<sup>12</sup>
19. You need to cover the following in your email:<sup>13</sup>
  - brief description of the exclusion (a couple of sentences)
  - why the exclusion is required:
    - COVID-19 related and not identified on the strategic finance return
    - other reasons
  - the value of the exclusion
  - whether the exclusion has been requested and agreed in previous years

<sup>11</sup> Also known as the strategic finance return.

<sup>12</sup> [https://www.openlearning.com/nhs/courses/costing-improvement/covid\\_19\\_guidance/](https://www.openlearning.com/nhs/courses/costing-improvement/covid_19_guidance/)

<sup>13</sup> You may wish to copy across the questions as subheadings to support our review of the request.

- any other supporting information, including calculations relating to lost productivity as a result of COVID-19.

# 3. Submission scheduling – acute, ambulance and mental health

20. As in previous years, trusts submitting mandated PLICS files to NHS Digital will need to schedule a day for submission with NHS England and NHS Improvement, to ensure full utilisation of the submission window and allow support to be provided where necessary. To effectively manage acute submissions in 2020, trusts will be asked to select a date within the submission window that falls on a day between Monday and Thursday.
21. Please agree a submission date and a back-up option with your software supplier, in case you cannot secure your first preference.
22. Submission dates can only be booked online. Providers should book one slot only.
23. This will be a self-service process, with slots allocated on a first come, first served basis. Your booked slot will be confirmed with an automated acknowledgement.
24. Once a date is booked it cannot be changed through the online system. If you need to change it, please email [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk) citing 'Amendment to booked submission date <trust code>' in the subject field.
25. You need to upload all your PLICS XML files, your National Cost Collection (NCC) workbook and NCC authorisation<sup>14</sup> on your booked submission date. If your submission is not successful, you will need to agree a subsequent date for submission with the NCC team. You can do this by emailing

<sup>14</sup> See Section 4.2.

[costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk) citing 'Missed submission day <trust code>' in the subject field.

26. No initial submissions will be scheduled on Fridays – these slots will be allocated to trusts that fail to submit on their scheduled date earlier in that week.
27. As there are no resubmission windows this year, the NCC team may request a subsequent submission from trusts where they identify serious data quality issues.<sup>15</sup>
28. Trusts that successfully submit their files early in the submission window may wish to improve their data and make a second submission before the window closes. This will be permitted in 2020 subject to availability of slots. The date for a second submission must be agreed with the NCC team. To do this email [costing@improvement.co.uk](mailto:costing@improvement.co.uk) citing 'Additional NCC submission requested <trust code>' in the subject field.

### 3.1 Submission scheduling detail – acute trusts

29. Slots will be limited to:
  - no submission slot selection on Fridays
  - 10 submissions a day between 7 September 2020 and 23 October 2020
  - five submissions a day between 26 October 2020 and 6 November 2020
  - no planned submissions during the final week of the window (9 November 2020 to 13 November 2020).
30. The booking page for acute providers went live at 09:00 on **Tuesday 26 May 2020**. Cost accountants have been emailed the link for the booking process.<sup>16</sup>
31. The booking page for acute providers will close once all trusts have booked a date or two weeks before the window opens. The NCC team will contact any trusts that have not booked a slot by that date.

<sup>15</sup> In the first instance, a member of the NCC team will ring you to discuss the issue.

<sup>16</sup> <https://www.events.england.nhs.uk/events/cost-submissions-2020>

## 3.2 Submission scheduling detail – ambulance and mental health trusts

32. Spaces will be limited to:
- 10 submissions per day during 11 to 15 January 2021
  - five submissions per day during 18 to 22 January 2021
  - no planned submission during the final week of the window (25 to 29 January 2021).
33. The booking page for ambulance and mental health providers will go live at 09:00 on **Monday 7 September 2020**. The costing lead at each trust will be notified by email of the URL for the booking process.
34. The booking page will close once all ambulance and mental health trusts have booked a date or six weeks before the window opens. The NCC team will contact any trusts that have not booked by that date.
35. Providers that have submitted PLICS data in previous years voluntary collection will be advised to book a slot early in the window.

## 4. Submission scheduling detail – community trusts

36. As there are only a small number of community trusts, submission dates will be managed centrally by the NCC team.
37. Community submissions will be between 7 September 2020 and 6 November 2020.
38. The NCC team will contact community trusts individually to arrange a submission date.

# 5. Reporting of national averages throughout the collection

39. NHS England and NHS Improvement have commissioned NHS Digital to report all submitted PLICS to our organisation.<sup>17</sup>
40. This report will include the national averages and we will use it to inform our potential requests for additional submissions (see Section 3).
41. NHS England and NHS Improvement will produce a central report giving the national averages for each combination of 'department>service code>currency>episode type', and share this periodically through the collection on the open learning platform (OLP). This will allow trusts to compare their costs to the national average.
42. NHS England and NHS Improvement are currently identifying what detail can be published on the OLP without breaching publishing restrictions.
43. The details of all reports, their uses and how to access them will be shared in a webinar with supporting guidance before the collection window opens.

<sup>17</sup> 'organisation>department>service code>currency>episode type'

# 6. Revised National Cost Collection sign-off process

45. As part of our review of how to reduce provider burden following the outbreak of the COVID-19 pandemic, NHS England and NHS Improvement have made the following changes to the board assurance process (BAP) and National Cost Collection (NCC) workbook authorisation.

## 6.1 Board assurance

46. *Volume 1: Overview* outlined the BAP required for financial year 2019/20.

47. It required two reports to be prepared and then approved by the executive board:

- pre-submission report before the submission window opens
- final submission report at the time of submission or shortly afterwards.

48. **These reports are no longer required for financial year 2019/20, and the NCC return no longer requires executive sign off.**

49. Instead, the trust's director of finance<sup>18</sup> can sign off the collection for financial year 2019/20.

50. You should complete the pro forma in [Annex 2](#) and your trust's director of finance (or delegated alternative) should review and sign it.

51. The trust should keep a copy of this signed document.

<sup>18</sup> Or chief financial officer.

## 6.2 NCC authorisation

52. In previous years, on final upload of your NCC workbook, you have had to tick the sign-off checkbox on the workbook control panel to indicate executive approval of the submission.
53. **This is no longer required.**
54. Instead, you should submit a signed copy of the pro forma in [Annex 2](#) to NHS England and NHS Improvement via [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk), citing 'Executive authorisation of NCC 2020 <trust code>' in the subject field.
55. This should be submitted on your scheduled submission day along with your PLICS XML files and NCC workbook, and will indicate your submission has executive approval.

## 6.3 COVID-19 integrated costing assurance log (ICAL)

56. *National Cost Collection 2020 COVID-19 recommendations*<sup>19</sup> suggests that practitioners complete a new worksheet within the ICAL to record changes made to the cost quantum as a result of the COVID-19 pandemic.
57. You can find this worksheet on the open learning platform (OLP)<sup>20</sup> and in the full ICAL on the approved costing guidance website.
58. We are asking all trusts to send the NCC team a copy of their worksheet. Doing so will help us understand your data and support the development of more extensive guidance on COVID-19.
59. Where possible, please send it with your Annex 2 pro forma, ensuring the filename includes your trust code, to [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk), citing 'ICAL COVID-19 <trust code>' in the subject field.

<sup>19</sup> [https://www.openlearning.com/nhs/courses/costing-improvement/covid\\_19\\_guidance/](https://www.openlearning.com/nhs/courses/costing-improvement/covid_19_guidance/)

<sup>20</sup> [https://www.openlearning.com/nhs/courses/costing-improvement/covid\\_19\\_guidance/](https://www.openlearning.com/nhs/courses/costing-improvement/covid_19_guidance/)

# 7. NCC workbook user guide

60. All organisations should use the workbook to submit national aggregate cost data that is not mandated for submission using the PLICS extract specifications.<sup>21</sup>
61. Data should be submitted to the strategic data collection system (SDCS) by uploading the entire workbook. The data from the NHSD\_Upload worksheet is uploaded into SDCS.
62. Please ensure you are using the latest version of the workbook as SDCS will not accept uploads from older versions.
63. The latest version will always be available from SDCS and we will announce any updates via the open learning platform (OLP).
64. The workbook is built in MS Excel 2010 and relies on macros to generate the outputs. As a minimum you must have Microsoft Excel 2007 installed. Your Excel macro settings need to be set to Enabled.

## 7.1 NCC workbook contents

65. After downloading the workbook, open it in Excel and click **Enable Content** if prompted.
66. There are five types of worksheet:
  - **Control panels** – there are two, REFC and RECON: they give an overview of the data you have submitted, and are where you run the validations<sup>22</sup> and upload.

<sup>21</sup> The relevant sector-specific volume of the NCC guidance (3, 4, 5 or 6) identifies the data to be submitted.

<sup>22</sup> These validations should be completed in addition to those completed for your PLICS files by the DVT.

- **Flexible worksheets** – generally, these are for admitted patient and outpatient services. Users need to enter the data themselves as the data combinations are too numerous to list.
- **Fixed worksheets** – these are the most common type and they cover all other services and reconciliation.
- **Reference table** – this lists department, service and currencies, as well as further information to validate the data being submitted.
- **NHSD\_Upload** – this is where SDCS takes your submitted data from; you can also use it to check your data is correct before submitting it.

## 7.2 Completing the workbook for aggregated costs

Figure 1: National Cost Collection Control Panel

**NHS Improvement**

**2019-20 National Cost Collection**  
Draft mitigation v4  
Release date \*\*/04/2020

1 Run REFC Validation

2 Populate Upload sheet REFC

3 View RECON Tabs

4

5 ROA

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

6 Parr

7 100%

8

Organisation code (if user select):

Organisation name:

Mandatory validation status:

REFC/Recon Quantum:

Non-mandatory validation count:

Summary total:

Tab Name	Worksheet Name	2019-20 total cost	2019-20 total activity
APC	Admitted patient care	£0	0
OPAIT	Outpatient attendances	£0	0
OPRSD	Proceeded in outpatient	£0	0
AE	Accident & Emergency	£0	0
CMDSI	Cancer multi-disciplinary teams	£0	0
CB	Chemotherapy and radiotherapy	£0	0
CC	Critical care	£0	0
DMAG	Diagnostic imaging & nuclear medicine	£0	0
HCR	High cost drugs	£0	0
REHAB	Rehabilitation	£0	0
SPAL	Specialist palliative care	£0	0
RENAL	Renal	£0	0
DAD	Direct access diagnostic services	£0	0
DAE	Direct access pathology	£0	0
MHSC	Mental health care clusters	£0	0
MHSCMPT	Mental health care clusters - Improving Access to Psychological Therapies	£0	0
SECUREMH	Secure Mental Health Services	£0	0
MH	Other mental health	£0	0
CHS	Community health services	£0	0
AUD	Audiology	£0	0
AMB	Ambulance services	£0	0
<b>Total</b>		<b>£0</b>	<b>0</b>

Area	Description	2019-20 total cost
APC	Admitted patient care	
EC	Emergency care	
OP	Outpatient	
SWC	Specialist ward care	
SI	Supplementary information	
<b>Total</b>		<b>£0</b>

National Cost Collection Quantum	£0.00
----------------------------------	-------

67. **Error! Reference source not found.** is a screenshot of the **NCC Control Panel**, with the red numbering explained below:
- 1 – Run REFC Validation** – once you have populated the individual worksheets, press this button to check your data against the mandatory and non-mandatory validations described in the collection guidance.
  - 2 – Populate Upload Sheet REFC** – once you have completed the individual worksheets, press this button to populate the NHSD\_Upload sheet with the data.
  - 3 – View RECON Tabs** – press this button to view and populate the reconciliation worksheet.
  - 4 – Workbook Version** – here you can see which version of the workbook you are using. Check it is the most recent version as SDCS will not accept uploads from older versions.
  - 5 – Organisation Details** – use the dropdown to select your three-character trust code; the name will populate automatically.
  - 6 – Validations Checks** – here you can see if your data has passed the mandatory workbook validations, whether your total aggregated costs and reconciliation quanta are within the acceptable tolerance, and how many non-mandatory validations you have triggered.
  - 7 – Worksheet Hyperlinks** – you can use these to navigate to the individual input worksheets; or you can use the tabs at the bottom of the workbook.
  - 8 – Summary Information** – here you can see the data by worksheet and point of delivery (POD).
68. You should now populate the **flexible** and **fixed** worksheets as appropriate.

## 7.3 Flexible worksheets

69. **Flexible** worksheets (see **Error! Reference source not found.**) are used where the data combinations are too numerous to list:
- APC: admitted patient care
  - OPATT: outpatient attendances; consultant led, non consultant-led
  - OPPROC: outpatient procedures



71. If you enter an invalid code, the entry in the blue cells will change to **Code Not Found**. Once you have corrected the code, the blue cells will update with the correct description.
72. Alternatively, you can copy data across from an external database or spreadsheet. **Copy** the block of data from the external source and then click the first white cell in the flexible sheet. **Right click** and then select **Values** (note that we have disabled paste options other than Values from all the workbooks). You can repeat the above process for the next block of data, remembering not to leave any blank rows in between.
73. There may be occasions when the macro that updates the blue cells is interrupted and the blue columns fail to update. If this happens, you should re-copy the rows that have failed. Highlight the data causing the error, **right click** and select **Copy**. Reselect the first cell in the first row of the erroneous data, **right click** and select **Values**. This will restart the macro and populate the blue columns correctly.
74. The number of rows in each sheet is fixed; therefore, you cannot delete rows. There should be no empty rows between blocks of data. If you need to delete data, only delete it in the white cells. The blue cells may sometimes fail to clear. If this happens, re-highlight the white cells from which you deleted data, and press **Delete**. The macro will run and clear the blue cells.

## 7.4 Fixed worksheets

75. Other worksheets in the **REFC** workbook are **fixed**. Fixed worksheets are pre-populated, ie all available data combinations are already listed and you will only need to enter cost and activity data into the appropriate line of the worksheet.
76. Unlike for flexible worksheets, rows can be left empty between sets of data. If you do not have any data to report for a data row, leave it blank. A few fixed worksheets have grey cells containing formulas; these will update automatically.

## 7.5 Summary worksheets

77. The REFC workbook includes the following **Summary** worksheets:

- **Control Panel (summary totals)** – this shows the total costs and activity reported on every **flexible** and **fixed** worksheet. You should also populate the patient-level costs summary worksheet to enable you to check whether the data reconciles with what you were expecting.
- **Summary Validations** – this shows a count of the non-mandatory validations on each **flexible** or **fixed** worksheet. The sum of these validations feeds through to the **Control Panel**.

## 7.6 Reconciliation worksheet

78. Navigate to the **RECON** worksheets by pressing the **View RECON Tabs** button on the homepage.

79. The **RECON Control Panel** (see **Error! Reference source not found.**) is similar to the **REFC Control Panel**. Your **organisation's name** will be completed automatically if you have already entered it on the REFC Control Panel.

**Figure 3: RECON Control Panel**

The screenshot shows the RECON Control Panel interface. At the top left is the NHS Improvement logo. The main header area displays '2019-20 National Cost Collection' in blue, with 'Draft mitigation v4' and 'Release date \*\*/04/2020' below it. A progress bar at the bottom indicates 100% completion. Three buttons are visible at the top right: 'Run RECON Validation' (callout 1), 'Populate Upload sheet RECON' (callout 2), and 'View REFC Tabs' (callout 3). On the left side, there are input fields for 'Organisation code (please select):', 'Organisation name', 'Mandatory validation status:', and 'REFC/Recon Quantum'. Callout 4 points to a dropdown menu showing 'ROA', and callout 5 points to a 'Fail' status indicator.

- 1 – **Run RECON Validation** – once you have populated the reconciliation worksheets, press this button to check your data against the mandatory and non-mandatory validations described in the collection guidance.

- 2 – Populate Upload Sheet RECON** – once you have populated the reconciliation worksheet, press this button to paste the data into the NHSD\_Upload worksheet in the workbook.
- 3 – View REFC Tabs** – press this button to view the various worksheets in the REC area of the workbook.
- 4 – Organisation Details** – use the dropdown to select your three-character trust code; the name will populate automatically.
- 5 – Validations Checks** – here you can see if you have passed the mandatory validations, and whether your total cost and reconciliation quanta are within the acceptable tolerance.

80. You should now begin completing the relevant worksheets. Throughout the workbook, only white cells will allow input. Blue cells are locked to stop input. Grey cells are also locked and contain totals or links from other worksheets.

81. RECON includes the following worksheets:

- Control Panel
- Reconciliation.

## 7.7 Populating the upload worksheet

82. Once you have added some data to the individual tabs, you can begin to populate the upload worksheet by pressing the **Populate Upload Sheet REFC** or **Populate Upload Sheet RECON** buttons. Please note that each time you do this, any previous iterations of your data will be overwritten, so if you need to keep them you will need to save older versions of the workbook locally.

83. On pressing either of the buttons, the workbook will run all the mandatory and non-mandatory validations. For more information on the validations, see Section **Error! Reference source not found.** for aggregate costs.

84. Providing you have no mandatory validations, your data will be added to the NHSD\_Upload Tab of the workbook (see Figure 4).

**Figure 4: The NHSD\_Upload Tab**

**1** **2**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	Org Cod	Patent	Diag Co	Service Code	Currency Code	Cost 1	Activity	Cost 2	Activity	Cost 3	Activity	Memo 1	Memo 2	Memo 3	Memo 4	Memo 5	Org Cod	Code	Recon1	Recon2		
2	RSA	LRSD	CC	CCU14	XA01Z	2,178	5,136					473					RSA	RECON01	60,990,000			
3	RSA	LRSD	CC	CCU14	XA02Z	1,589	6,137					593					RSA	RECON02	17,000			
4	RSA	LRSD	CC	CCU14	XA03Z	544	11,404					394					RSA	RECON03	21,000			
5	RSA	LRSD	CC	CCU14	XA04Z	544	9,920					382					RSA	RECON04	3,100			
6	RSA	LRSD	CC	CCU14	XA05Z	272	930					286					RSA	RECON05	47,527			
7	RSA	LRSD	CC	CCU14	XA06Z	1,506	2,289										RSA	RECON06	-300,267			MCC0620 Agreed adjustment

- 1 – REFC data** – the data in columns A to P shows all the data you have submitted as part of the REFC workbook.
- 2 – RECON data** – the data in columns Q to X shows all the data you have submitted as part of the RECON workbook.

- 85. Once you have populated this worksheet, you can use it in the same way as any other Excel worksheet and, using the filters, you can check that the data you want to be imported from the individual input sheets will be uploaded into SDCS.
- 86. If you choose to, you can upload REFC and RECON data individually into SDCS, but please note that each time you upload a new workbook into SDCS, everything will be overwritten. For example, if you upload REFC data on 1 July and then want to append the RECON data on 2 July, you need to upload a workbook containing both sets of data. If you were to upload a workbook containing RECON data only on 2 July, your REFC data would disappear from SDCS.

## 7.8 Data validations for aggregated costs

### Running the validations in the workbook

- 87. When you click the **Run REFC Validation** button on the **Control Panel**, you may receive a message similar to that shown in Figure 5 below.
- 88. The status of the **Control Panel** will also change to **failed**.
- 89. This indicates that the workbook validation has found errors in the data input. An **Errors** worksheet will be generated listing the lines that need to be amended.

90. To resolve these errors, you will need to navigate to each of the worksheets identified on the **Errors** worksheet and correct the errors as appropriate. Once you have done this, you will need to run the validations again.
91. In the example shown in Figure 5, four errors were found on the CMDT worksheet.
92. By navigating to the CMDT worksheet (see Figure 6 below), the errors can be seen on rows 10, 12, 13 and 14; they are flagged **\*Mand Error** in column K.
93. After fixing these errors and clicking the **Run REFC Validation** button on the **Control Panel**, the **Mandatory Validation Status** will change from **failed** to **pass**.

## RECON validations

---

94. Similar to **REFC**, when you click the **Run RECON Validation** button on the **Control Panel**, an **Errors** worksheet may be generated. If there are errors, the **validation status** on the **Control Panel** will also change to **failed**. To resolve these errors, you will need to navigate to each of the worksheets identified on the **Errors** worksheet and correct the errors as appropriate. Then you will need to click the **Run RECON Validation** button again to ensure the status is now **pass**.

## Mandatory workbook validations

---

95. Our mandatory validations (see Table 2 below) are designed to assure the basic integrity of the data submitted. All validations are embedded in the NCC workbook and NHS Improvement's data validation tool. Providers will not be able to sign-off their returns until their data passes each of these validations.
96. As previously mentioned, all mandatory validations (with the exception of '14 – Quantum') must be cleared before a signed-off submission can be done.

Figure 5: Errors worksheet

Worksheet	Row/C	Error
CMDT	10	If an activity is reported then a cost must be reported and vice versa.
CMDT	12	If an activity is reported then a cost must be reported and vice versa.
CMDT	13	Activity must be positive.
CMDT	14	Unit Cost must be greater than or equal to 20.

Microsoft Excel

4 Errors were found  
Please correct the reported errors and re-Validate

OK

Figure 6: CMDT worksheet example

Cancer multi-disciplinary team meetings

Fixed - these are the only possible rows on this worksheet, only enter appropriate data in columns I and J.

[Return to Control Panel](#)

Total	-352	73
-------	------	----

Department Name	Service Name	Currency Name	Patient Sensitivity	Department Code	Service Code	Currency Code	Unit Cost per Patient Treatment Plan Discussed (mandatory minimum €)	No. Patient Treatment Plans Discussed
Cancer multi-disciplinary team meetings	Breast Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_B	WF02D	22.00	23
Cancer multi-disciplinary team meetings	Colorectal Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_C	WF02D		24
Cancer multi-disciplinary team meetings	Local Gynaecological Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_LG	WF02D	24.00	25
Cancer multi-disciplinary team meetings	Specialist Gynaecological Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_SpG	WF02D	25.00	
Cancer multi-disciplinary team meetings	Specialist Upper Gastrointestinal Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_SpU	WF02D	26.00	-27
Cancer multi-disciplinary team meetings	Other Cancer MDT Meetings	Multiprofessional Non-Admitted Non-Face-to-Face Attendance, First	NLRSD	CMDT	CMDT_Oth	WF02D	-27.00	28

**Table 2: List of mandatory validations for aggregated costs**

No	Validation	Description	Worksheet
1	Activity = integer	Activity must be an integer	All
2	Activity >0	Activity must be positive	All
3	Activity and unit cost	If activity is reported, then a unit cost must be reported, and vice versa	All
5	Duplicate entry	Each combination of department code, service code and currency code must be unique	All
6	Invalid code	Department code (eg DC), service code (eg 100) or HRG code (eg AA22C) is invalid	Flexible
7	Memorandum information	<p>The following memorandum information must be supplied in addition to unit cost and activity:</p> <ul style="list-style-type: none"> <li>• number of adult critical care periods</li> <li>• average number of home haemodialysis sessions per week</li> <li>• number of direct access pathology tests</li> <li>• average cluster review period and number of completed cluster review periods</li> <li>• number of high intensity contacts</li> <li>• number of low intensity contacts</li> <li>• total number of cluster days</li> <li>• average length of episode</li> <li>• average number of contacts per episode</li> <li>• number of service users</li> </ul>	CC, RENAL, DAP, MHCC, MHCCIAPT, SECUREMH
8	Missing code	Missing department, service or currency code within a row of data	Flexible
9	Missing costs and activity	Codes have been supplied, but no unit costs or activity	Flexible
10	Quantum	The sum of unit costs multiplied by activity must be within $\pm 1\%$ of the reconciliation statement	N/A
11	Unit cost = #.##	Unit cost must be to two decimal places	All
12	Unit cost $\geq 0.01$	Unit cost must be positive and $\geq \text{£}0.01$	All worksheets except those listed in 13 and 14

No	Validation	Description	Worksheet
13	Unit cost ≥05	Unit cost must be positive and ≥£5.00	OPATT, OPPROC, CR, IMAG, HCD, REHAB, SPC
14	Unit cost ≥20	Unit cost must be positive and ≥£20.00	APC, CMDT

## Non-mandatory validations

97. Our non-mandatory validations (see Table 3 below) are designed to improve the quality and accuracy of the data.
98. Failing a non-mandatory validation is not in itself an indication that the data is incorrect. There are many valid reasons why data may not pass a non-mandatory validation: for example, a small number of high cost episodes may result in an average unit cost >£50,000.
99. Nevertheless, a requirement is for providers to consider these validations and make any necessary revisions, confirming the extent to which they have done so on the self-assessment quality checklist in the reconciliation area of the NCC workbook.
100. However, you are advised to investigate and correct as necessary non-mandatory validations, and you are required to record your response in the self-assessment quality checklist in **RECON**. The non-mandatory validation error count is shown on the **Control Panel**.
101. In the example in Table 3, there are 10 non-mandatory validations. These will generate a new worksheet called **Non-mandatory Errors**.
102. A summary of all the non-mandatory validations is included in the **Summary Validations** worksheet (see Figure 7 below). The grey cells indicate that a validation is not performed on that worksheet.

**Table 3: List of non-mandatory validations for aggregated costs**

No	Validation	Work-sheets	Materiality threshold	Exceptions
1	Day-case unit cost is more than double the ordinary elective unit cost for the same HRG and the same TFC	APC	>10 day-case FCEs and >10 ordinary elective FCEs	None
2	Follow-up unit cost is more than double the first unit cost for the same outpatient attendance in the same TFC	OPATT	>10 follow-ups and >10 firsts	None
3	Non consultant-led unit cost is more than double the consultant-led unit costs for the same outpatient attendance in the same TFC	OPATT	>10 non consultant-led and >10 consultant-led	None
4	Outliers: unit cost is less than one 10th or more than 10 times the national mean unit cost. The NCC workbook will use 2018/19 means. During the submission window, we recommend that trusts refer to the national average report in SEFT, which is updated overnight and shows real-time means.	All	>10 activities	None
5	Paediatric critical care HRGs are being reported by the expected organisations.	CC	N/A	None
6	Single professional unit cost is more than double the multiprofessional unit cost for the same outpatient attendance in the same TFC.	OPATT	>10 single and >10 multi	None
7	Unit cost >£50,000.	All	None	None
8	Unit cost <£5.	All	None	Excluded services: <ul style="list-style-type: none"> <li>• ambulance service calls</li> <li>• direct access pathology</li> <li>• mental healthcare clusters</li> </ul>
9	Variance between 2018/19 and 2019/20 total costs or total activity is >25%. The workbook analysis will be at worksheet level. The mid-collection	All	None	None

No	Validation	Worksheets	Materiality threshold	Exceptions
	feedback will be by department and HRG subchapter for acute services, and department, service and currency for non-acute services.			
10	The A&E department type reported in the aggregated costs is different from that in the NHS national statistics for quarterly A&E activity.	AE	None	None

Figure 7: Non-mandatory Errors worksheet

	A	B	C
1	<b>REFC Non-Mandatory Errors</b>		
2			
3			
4	<b>Worksheet</b>	<b>Row/C</b>	<b>Error</b>
5	<a href="#">CC</a>	33	Inappropriate XB01Z costs.
6	<a href="#">CC</a>		XB02Z - XB05Z costs expected.
7	<a href="#">CC</a>		XB02Z - XB05Z costs expected.
8	<a href="#">CC</a>		XB02Z - XB05Z costs expected.
9	<a href="#">CC</a>		XB02Z - XB05Z costs expected.
10	<a href="#">CC</a>		XB02Z - XB05Z costs expected.
11	<a href="#">DAP</a>	11	10 x Outlier (£29.05 - £1.97).
12	<a href="#">HCD</a>	70	10th of Outlier (£71.51 - £1,153.66).
13	<a href="#">HCD</a>	113	10th of Outlier (£16.03 - £287.40).
14	<a href="#">HCD</a>	215	10th of Outlier (£81.87 - £1,578.13).
15	<a href="#">HCD</a>	234	10th of Outlier (£21.02 - £369.35).
16	<a href="#">HCD</a>	266	10th of Outlier (£6.90 - £111.75).
17	<a href="#">HCD</a>	276	10th of Outlier (£96.84 - £1,687.88).
18	<a href="#">HCD</a>	300	10th of Outlier (£10.65 - £1,830.35).
19	<a href="#">HCD</a>	310	10th of Outlier (£110.86 - £2,350.53).
20	<a href="#">HCD</a>	338	10 x Outlier (£78,712.23 - £5,163.29).
21	<a href="#">HCD</a>	338	Cost exceeds £50000
22	<a href="#">HCD</a>	340	10th of Outlier (£394.35 - £14,588.71).
23	<a href="#">HCD</a>	340	10 x Outlier (£10,711.15 - £669.87).

## 7.9 NHS Digital submission platforms

103. For more information on accessing the submission platform, please refer to Annex 3.

# 8. Data validation tool (DVT) user guide

## 8.1 What is the DVT?

104. The NHS England and NHS Improvement DVT assesses the quality of the PLICS extracts before their submission to NHS Digital, to minimise the chance of submission failure and to improve data quality.<sup>24</sup>
105. Software suppliers and NHS providers can choose to create CSV or XML files. Regardless of whether CSV or XML files are produced, providers should validate their files using the DVT before submission.
106. The NHS England and NHS Improvement DVT:
- converts CSV files into XML format (if required)
  - assesses the data quality of the cost collection files to identify any areas that require attention, providing the opportunity to improve data accuracy before submission
  - compresses the collection files before submission to NHS Digital.

## 8.2 Important information about the DVT

107. The tool is hosted on the secured NHS England and NHS Improvement Microsoft Azure public cloud.
108. The tool is digitally signed by NHS Improvement; the certificate is issued by GlobalSign, a security certificate authority.
109. The NHS England and NHS Improvement environment is Cyber Essential Plus certified.
110. The tool is client-deployed – no data is exchanged between the host and the client.

<sup>24</sup> These are in addition the workbook validations noted in Section 5.

## 8.3 System requirements

111. Two versions of the DVT are available. The one you require will depend on whether the tool will be installed on a 32-bit or 64-bit version of Windows.
112. If you are not sure which version you require, please click [here](#) and follow the steps outlined. Alternatively, please contact your IT department.

**Table 4: System requirements for data validation**

Recommended system requirements	Minimum system requirements
Windows 7 service pack 1 (64 bit)	Windows 7 service pack 1 (32 bit)
16Gb RAM	4Gb RAM
Net 4.0	Net 4.0
Internet Explorer 8 or above	Internet Explorer 8 or above
	Enough capacity to store the input and output files generated
Maximum file size: 430Mb	Largest tested file size: 1.5Gb

## 8.4 How to install the tool

113. The tool should be downloaded from:  
<https://ctpdatavalidation.azurewebsites.net>

114. The DVT download/install page will display.

**Costing Transformation Data Validation Tool**

Welcome to NHS England and NHS Improvement's 2019/20 PICS Data Validation Tool.

The purpose of the tool is to:

- For Acute providers: Extract:
  - Consent CSV files to XML format
  - Assess the data quality of the collection files to identify areas that require attention
  - Compress the collection files before onward submission to NHS Digital
- For Ambulances, Mental Health (MH) and Community provider facilities:
  - Consent CSV files to XML format
  - Assess the data quality of the collection files to identify areas that require attention
  - Compress the collection files before onward submission to NHS England and NHS Improvement
  - Transfer data to the tool and to the destination, where applicable

There are two versions of the tool available, the version you require will depend on whether the tool will be installed on a 32-bit or 64-bit version of Windows.

If you are not sure of the version required please click here and follow the steps outlined. Alternatively please contact your IT department.

**User download and sample file** [Download](#)

**Data validation tool (64 bit version)** [Download](#)

**Data validation tool (32 bit version)** [Download](#)

**Data validation tool (32 bit version)** [Test](#)

**Data validation tool (32 bit version)** [Test](#)

If you have any technical queries please email the NHS Improvement tools collection team at [tools@nhs.uk](mailto:tools@nhs.uk)

115. After you have determined which version of the DVT you need to use, click the applicable **Install** button to begin installing it.

116. Depending on the version of Windows you are using (namely 8 or 10), this dialogue box may appear. Click **More info**.



117. Next, click **Run anyway** to start the application.



## 8.5 Known issues, limitations and remedial steps

118. The tool uses ClickOnce technology to enable users to install or execute the application without administration rights.

119. Depending on the computer configuration, the error CANNOT START APPLICATION might appear.

**Table 5: Troubleshooting step 1**

Scenario	Remedial steps
Windows Defender SmartScreen prevents app from starting	Please contact your IT team to: <ul style="list-style-type: none"><li>• whitelist the application</li><li>• align the GPO setting to <a href="#">NCSC</a> guidelines to allow the More Info link and Run anyway button to be seen.</li></ul>

Scenario	Remedial steps
When running the application for the first time or there is a new update	Please re-run the application.
When the tool runs in the client download folder	Please move the Setup.exe application to a different folder and run the application again.
Application started, but the user cannot locate the icon to open the programme	Please contact your IT admin, as this error commonly relates to admin rights not granted to the user or anti-virus/firewall issues.

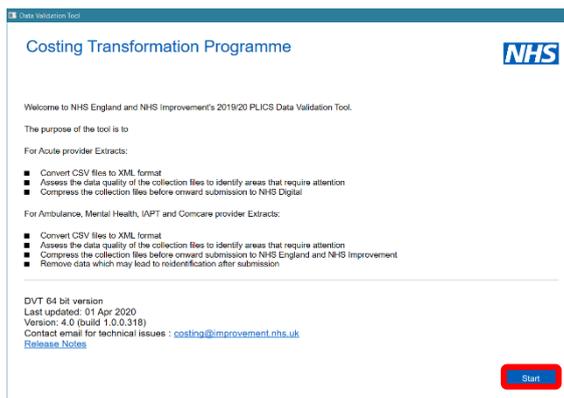
## 8.6 General screens

### Welcome screen

120. The **Welcome** screen will give you the following information:

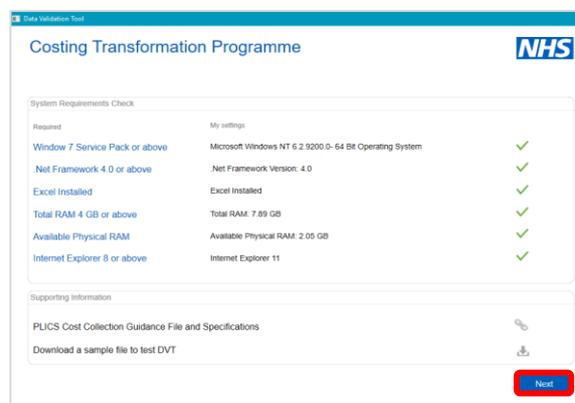
- tool version and release date
- contact information
- release notes and sample files to run the testing of the tool.

121. Click **Start** to start the validation process.



## System Requirements screen

122. Before proceeding, your computer information system will be checked to ensure it meets the minimum requirements to run the tool. Running the tool on a lower specification machine is not recommended as the process is likely to time out or take an inconvenient amount of time.



123. You can obtain extracts specifications, guidance and sample files by clicking the **Supporting Information** box.

**Table 6: Troubleshooting step 2**

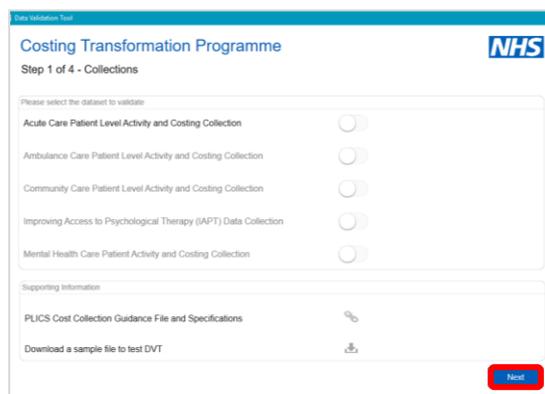
What to do if your machine does not meet one or more of the system requirements	
The files to be compressed are over 430Mb	Please run the files on a computer meeting the recommended system requirements.
My computer runs an earlier version of the Windows 7 service pack 1	Please contact your IT admin to upgrade your computer system.
My computer memory is 4Gb of RAM and the available memory is lower than 2Gb of RAM	Your computer system needs to have enough capacity to store the input and output files generated. Please ensure all processes and applications are closed. If the problem persists, upgrading your system if feasible is recommended. Otherwise, you will need to run fewer files at a time (you should not split data for a given month between files).
My computer doesn't have Net 4.0 installed	Please contact your IT admin to install the latest Net 4.0.
I'm using Google Chrome/Firefox/Opera	The tool can run in all modern browsers, but it is supported on Internet Explorer only.
I do not see the Next button	Please adjust the screen resolution.

## Available Collections screen

---

124. The **Available Collections** screen gives you the following options:

- access available running collections
- access PLICS costing guidance files and specifications (NHS England and NHS Improvement website)
- download the sample files to run local testing of the tool.



125. After selecting the collection you are participating in, click **Start** to start the validation process.

## 8.7 How to validate your patient-level costing extracts

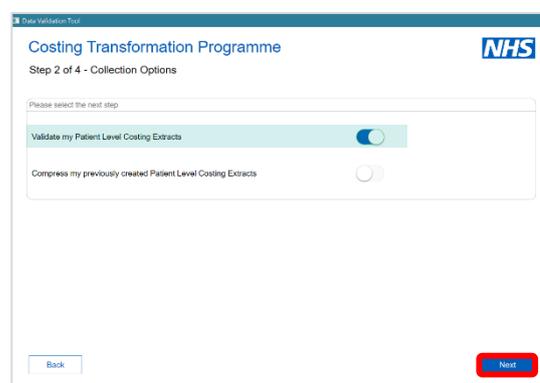
### Collection Options screen

---

126. The **Collection Options** screen gives you the following options:

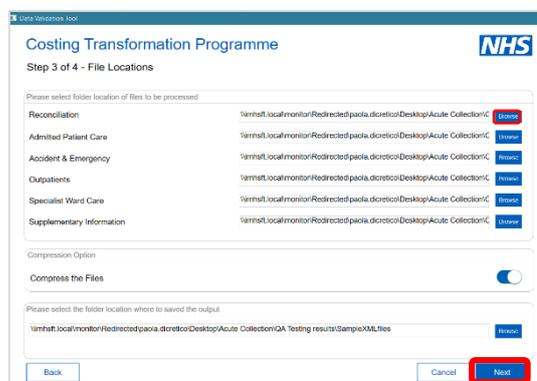
- validate your PLICS extracts
- compress your previously created PLICS extracts.

127. Select the option **Validate my Patient-Level Costing extracts** to convert CSV files to XML (where applicable) and to validate the files produced by your costing system, and then click **Next**.



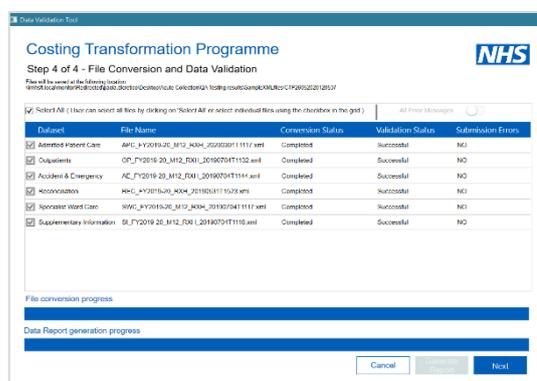
## File Locations screen

128. The **Files Locations** screen will now display.
129. Click **Browse** to select the **folder location** of the files you want to convert/validate; and where you want to save the output files.
130. An error message will appear when an invalid folder location is selected.
131. Then click **Start** to start the file conversion and validation process.
132. If the output file location or the **Next** button is not available, please restart the programme after upgrading the resolution of your computer screen.



## File Conversion and Data Validation screen

133. The **File Conversion and Data Validation** screen will now display.
134. Single or multiple datasets/files can be selected, but if more than one, all should be completed in one go, or the process will fail.



135. Select the files to run, then click **Run**.
136. The CSV to XML conversion and data validation process against the schema will begin.
137. Conversion status, Validation status and Submission errors updates will show on screen.

## Table 1: Troubleshooting step 3

### Known issues

If the folder location for the files to be processed is removed while the user is on file location screen, the application may crash.

If the data validation process is cancelled, the cancellation confirmation message does not appear until after the current process completes.

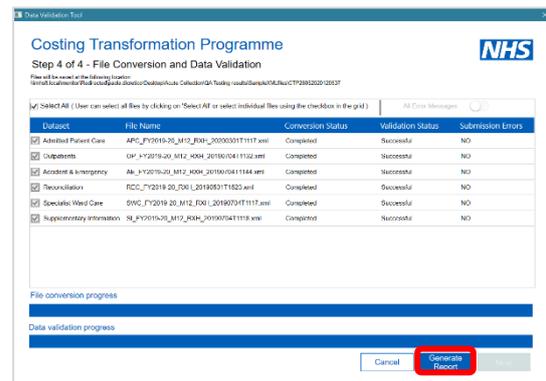
When validating the last file, the Validation results column status is recorded as waiting while the validation processing is run.

Hyperlinks are not produced in the data validation report if the errors in a file relate to data quality checks 50, 51 and 52 only.

## Generating your report screen

138. When the file conversion and validation processes are complete, the **Generate Report** button will display.

139. We recommend running the report step even when the files include submission errors as the report will list all the submission and warnings error(s).



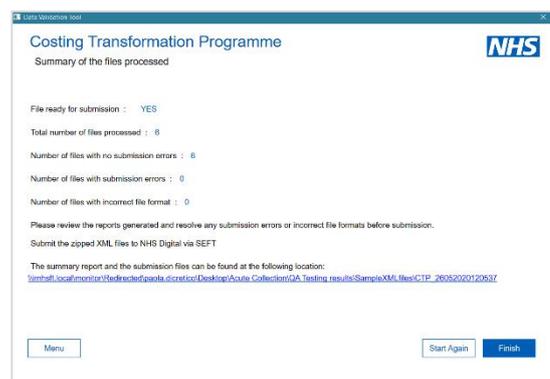
140. Then click **Generate Report**, and then **Next**.

## Summary screen

141. The **Summary** screen will now display.

142. The following information will display:

- readiness for submission to NHS Digital
- total number of files processed, files with errors (submissions and format).



143. To access the output folder where the converted files are stored, you need to:

- click the hyperlink
- click **Finish**. This action will also close the application.

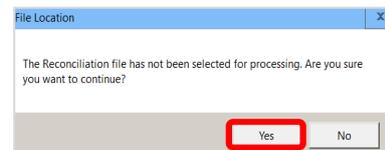
## Alerts

---

144. The tool notifies users when invalid or no datasets have been selected.

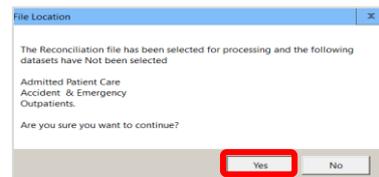
145. A warning message will appear if you do not select a folder location for the reconciliation file.

146. If you do not have a reconciliation file and wish to proceed, click **Yes**.



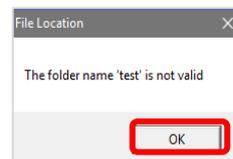
147. A warning message will also appear if you only select the reconciliation file and no other dataset folder locations.

148. If you do not need to process files within a dataset folder, click **Yes**.

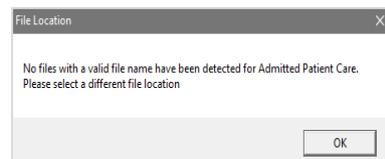


149. An error message will appear if you select an invalid folder location.

150. Click **OK** and re-select.



151. An error message will also appear if the chosen upload folder does not contain valid file names.



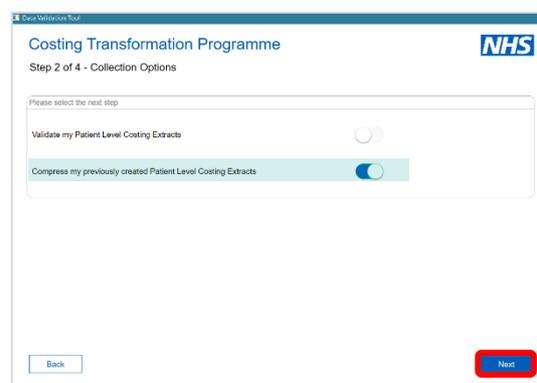
## 8.8 How to compress your PLICS extracts (when validation is complete)

### Collection Options screen

152. The **Collection Options** screen gives you the following options:

- validate your PLICS extracts
- compress your previously created PLICS extracts.<sup>25</sup>

153. Select the second option: **Compress my previously created Patient-Level Costing Extracts** and click **Next**.



### File Locations screen

154. The **File Locations** screen will now display.

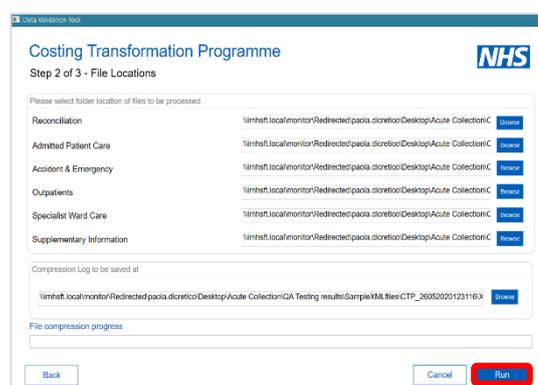
155. Click **Browse** to select the folder location of the files you want to compress.

156. You can use either the XML or CSV validated files.<sup>26</sup>

157. The collection should be signed off before files are compressed for submission.<sup>27</sup>

158. Then click **Run** to start compressing your PLICS extracts.

159. Click **Next** when this process is completed.



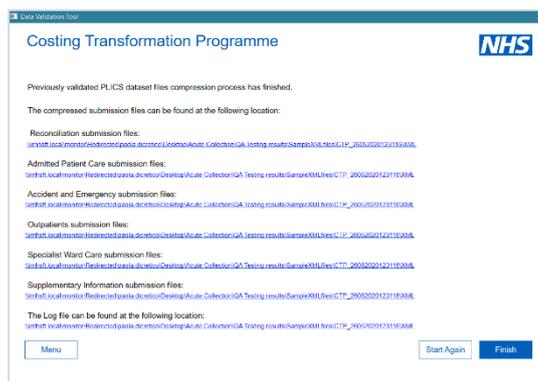
<sup>25</sup> This should only be completed for files which have passed validation.

<sup>26</sup> The DVT will convert CSV files to XML files ready for submission.

<sup>27</sup> [Annex 2: Updated board assurance](#)

160. The **Summary** screen will now display.

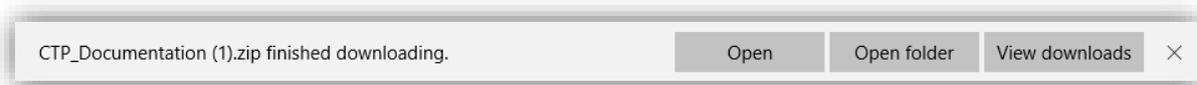
161. The summary report and submission files to submit to NHS Digital are available in the output folder, and accessible by clicking the provided hyperlink or the **Finish** button.



## How to test the tool if your PLICS extracts are not ready

162. Sample files for testing the tool are available on the DVT download/install page on the system requirements and collection screens.

163. On clicking the **Download Folder** (Install page) or the icon  in the supporting information folder on the system requirements and collection screens, the CTP\_Documentation.zip folder will download through your browser.



164. The CTP\_Documentation folder will now be available in your download folder.

165. You will see the Readme.txt file (Release note) and the sample files folder containing sample files for all available collections – the data modified column will help you identify if the sample files refer to the current or past collections.

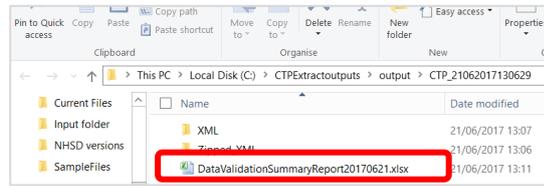
166. Sample files are now available in XML and CSV format.

## How to access and read the data validation report

167. The data validation report is now available as Excel or CSV outputs. The tool will determine this based on the system configuration.

## Excel reports

168. Double click the **Data Validation Summary** Excel workbook to open the summary report.



169. The Data Validation Summary Excel workbook report contains five tabs.

170. **Summary Breakdown 1:** This tab provides an aggregate view across all processed files of the warning and submission failures that have been detected.

ID No.	DQ Type	Description	File	AE	OP	REC	Severity
1	Data Validity	Field length of the Organisation identifier (code of provider)					Submission Failure
2	Data Validity	Field length of the CDS Unique identifier					Submission Failure
3	Data Validity	Field length of the HSC Number					Submission Failure
4	Data Validity	The HSC number status indicator. Field MUST contain valid values				100	Submission Failure
5	Data Validity	Field length of the Postcode					Submission Failure
6	Data Validity	The size of birth value and format MUST be valid					Submission Failure
7	Data Validity	The Person Initial Gender Code. Field MUST contain valid values					Submission Failure
8	Data Validity	The Patient Classification Code. Field MUST contain valid values					Submission Failure
9	Data Validity	The Admission Method Code. Field MUST contain valid values				2	Submission Failure
10	Data Validity	Field length of the Hospital Provider (unit) Number					Submission Failure
11	Data Validity	The Locals Number. Field MUST contain valid values					Submission Failure
12	Data Validity	The Locals Type. Field MUST contain valid values					Submission Failure
13	Data Validity	The Short Code (Region) value and format MUST be valid					Submission Failure
14	Data Validity	The Short Code (Region) value and format MUST be valid					Submission Failure
15	Data Validity	The Local Unit format MUST be valid					Submission Failure
16	Data Validity	The Local Unit format MUST be valid					Submission Failure
17	Data Validity	The HSC format MUST be valid					Submission Failure
18	Data Validity	Field length of the (Individual) HSC					Submission Failure
19	Data Validity	The Adjusted length of city. Field MUST contain valid values					Submission Failure

171. There are three types of errors: **warning**, **submission** and **file integrity**. If submission or file integrity errors are recorded, these will need to be corrected: files with these errors cannot be compressed or uploaded to NHS Digital.

172. **Summary Breakdown 2:** This tab details the errors detected by filename. If a file contains errors, click the **hyperlink** to see details of the error(s).

Filename	Warning	Submission	Integrity	Total
APC_P2016-17_M01_ZZZ_201707011730.csv	0	0	0	0
APC_P2016-17_M01_ZZZ_201707011730.csv	0	0	0	0
APC_P2016-17_M01_ZZZ_201707011730.csv	0	0	0	0
APC_P2016-17_M01_ZZZ_201707011730.csv	0	0	0	0

173. Clicking on the file name will direct you to the relevant location on the **File Breakdown** tab.

Filename	DQ No.	Severity	Error Column Name	Error Value	Error Count
APC_P2016-17_M01_ZZZ_201707011730.csv	34	Submission Failure	ActCdID	SP002	2000
APC_P2016-17_M01_ZZZ_201707011730.csv	34	Submission Failure	ActCdID	SP002	2000
APC_P2016-17_M01_ZZZ_201707011730.csv	34	Submission Failure	ActCdID	AN/A	396
APC_P2016-17_M01_ZZZ_201707011730.csv	35	Submission Failure	ResCdID	CK009	5485
APC_P2016-17_M01_ZZZ_201707011730.csv	65	Submission Failure	FeedType	AE	1

174. **File Breakdown:** This tab details, at a file level, the data quality check that generated the error, the error value and the number of times the value occurs.

175. **Data Quality Check Definitions:** This tab details the criteria the tool uses to identify errors.

176. **Reference Data Tables:** This tab lists the reference data the tool uses.<sup>28</sup>

<sup>28</sup> These reference tables are replicas of those included in the extract specification for your sector.

## CSV reports

177. When the tool detects that no Excel software is available on the system, it will generate three CSV files as part of the summary report. These files can be opened using any text editor, such as Notepad or Wordpad.

```
Costing Transformation Programme - Data Validation Summary Report: ACUTE
Total Number Of Errors For Files Processed

Process Date/ Time      ,,,10/05/2019 14:23:59
Files OK For Submission ,,,YES
Number Of Submission Errors ,,,0
Number Of Warning Only Errors ,,,1

Total Cost      ,,,£ 400
Total Activity  ,,,40

DQ_No,DQ Type,Description,APC,AE,OP,REC,Severity
1,Data Validity,Field length of the OrgId,,,,,Submission Failure
2,Data Validity,Field length of the CdsId,,,,,Submission Failure
3,Data Validity,Field length of the NhsNo,,,,,Submission Failure
4,Data Validity,The NhsSt field MUST contain valid values,,,,,Submission Failure
5,Data Validity,Field length of the PostCd,,,,,Submission Failure
6,Data Validity,The DoB value and format MUST be valid,,,,,Submission Failure
7,Data Validity,The Gendr field MUST contain valid values,,,,,Submission Failure
8,Data Validity,The EpType field MUST contain valid values,,,,,Submission Failure
10,Data Validity,Field length of the HSpellNo,,,,,Submission Failure
11,Data Validity,The EpiNo field MUST contain valid values,,,,,Submission Failure
13,Data Validity,The EpStDte value and format MUST be valid,,,,,Submission Failure
14,Data Validity,The EpEnDte value and format MUST be valid,,,,,Submission Failure
15,Data Validity,The HrgFce MUST contain valid values for the dataset,,,,,Submission Failure
16,Data Validity,The HrgSpl MUST contain valid values for the dataset,,,,,Submission Failure
17,Data Validity,The Hrg MUST contain valid values for the dataset,,,,,Submission Failure
19,Data Validity,The Alos field MUST contain valid values,,,,,Warning
21,Data Validity,Field length of the ConCode,,,,,Submission Failure
23,Data Validity,Field length of the PathID,,,,,Submission Failure
24,Data Validity,Field length of the PatOrgID,,,,,Submission Failure
25,Data Validity,The Tfc Code field MUST contain valid values,,,,,Submission Failure
26,Data Validity,Field length of the AttId,,,,,Submission Failure
27,Data Validity,The AppDte value and format MUST be valid,,,,,Submission Failure
31,Data Validity,The DepDte value and format MUST be valid,,,,,Submission Failure
32,Data Validity,The ArrDte value and format MUST be valid,,,,,Submission Failure
33,Data Validity,The DepTyp field MUST contain valid values,,,,,Submission Failure
34,Data Validity,The ActCstID field MUST contain valid values,,,,,Submission Failure
35,Data Validity,The ResCstID field MUST contain valid values,,,,,Submission Failure
```

178. SummaryBreakdown1\_DataValidationSummaryReportyyyymmdd.csv is equivalent to the **Summary Breakdown 1** tab in the Excel version.

```
Costing Transformation Programme - Data Validation Summary Report:ACUTE
Total Number Of Errors For Individual File

Process Date/ Time      ,,,10/05/2019 14:23:59
Files OK For Submission ,,,YES
Number Of Submission Errors ,,,0
Number Of Warning Only Errors ,,,1

,,,,,
,,,,,
OP Files Processed,,,,
Cost,,,,£ 400
Activity,,,,40
No of errors,,,,0

,,,,,
Filename,Warning,Submission,Incorrect File
OP_FY2018-19_M02_XXX_20180328T1825,0,0,
OP_FY2018-19_M03_XXX_20180328T1825,0,0,
OP_FY2018-19_M04_XXX_20180328T1825,0,0,
OP_FY2018-19_M05_XXX_20180328T1825,0,0,

APC Files Processed,,,,
Cost,,,,£ 0
Activity,,,,0
No of errors,,,,0

,,,,,
AE Files Processed,,,,
Cost,,,,£ 0
Activity,,,,0
No of errors,,,,0

,,,,,
REC Files Processed,,,,
Cost,,,,£ -50
Activity,,,,0
No of errors,,,,0

,,,,,
Filename,Warning,Submission,Incorrect File
REC_FY2018-19_XXX_20180531T1523,1,0,
```

179. SummaryBreakdown2\_DataValidationSummaryReportyyyymmdd.csv is equivalent to the **Summary Breakdown 2** tab in the Excel version.

```
Costing Transformation Programme - Data Validation File Report:ACUTE

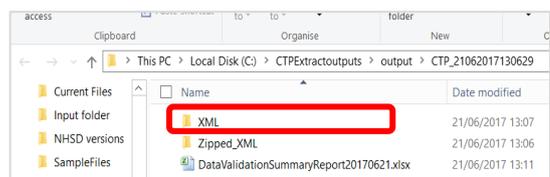
Notes:
1) For the data quality check 50, 51 & 52 the error value will be either a date or a filename.
The date will be present where the date of the activity record does not match the period start or end date and the filename will be present where the
2) Where applicable only the first 1000 error values will be shown per DQ number per Filename.

FileName,DQ_No,Severity,Error_Column_Name,Error_Value,Error_Count
REC_FY2018-19_XX_20180531T1523,85,warning,CstIncVal,100,1
```

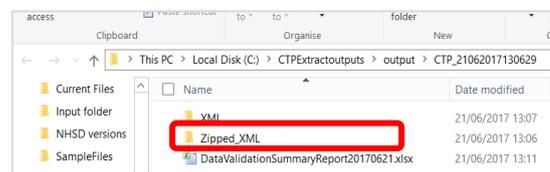
180. FileBreakdown\_DataValidationSummaryReportyyyymmdd.csv is equivalent to the **File Breakdown** tab in the Excel version.

## How to access XML files

181. The DVT produces the XML files and will zip the file as part of the process. You can access these files after the job is complete. The **XML** folder contains the XML files generated and validated by the tool.



182. The **Zipped\_XML** folder contains the zipped files ready for submission to NHS Digital. Only files that have no submission errors will be compressed.



## Further support available

183. Please email any installation queries you may have to [IT.Support@Improvement.nhs.uk](mailto:IT.Support@Improvement.nhs.uk) citing 'CTP data validation tool' in the subject field.

184. If you have any technical costing queries, please email the NHS England and NHS Improvement NCC team at [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk).

185. If you have any feedback on how to improve the DVT, please contact the development team at [NHSI.DVT.Feedback@nhs.net](mailto:NHSI.DVT.Feedback@nhs.net).

# 9. Highlights from the desktop review

186. This section summaries highlights from the desktop review of the NCC reconciliation for 2018/19.
187. This is a light touch review by the National Cost Collection (NCC) team. It aims to help trusts with their governance and ensure the starting point for the NCC submission – the quantum – is completed correctly.
188. The review covers:
- board assurance process (BAP) – review the report(s) for compliance with the requirements in Volume 1 of the NCC guidance<sup>29</sup>
  - Costing Assurance Programme (CAP) action plans – review and ensure that the action plans agreed after a CAP review are being enacted, and monitored by a relevant committee
  - quantum – review of the quantum against audited accounts, approved adjustments and expected exclusions.
189. This exercise is undertaken once the submission window closes, and findings are shared with individual trusts for them to address issues ahead of the next year's submission. 2018/19 submissions were reviewed in early 2020 to enable any issues to be addressed ahead of the 2019/20 submissions.
190. Feedback from trusts has been that the desktop review is helpful, particularly for a better understanding of the NCC reconciliation process. Our analysis of review findings shows that, overall, collections are improving each year.
191. We have done about 40 desktop reviews from the 2019 NCC and the common findings are outlined in Table 7.

<sup>29</sup> For the 2019/20 collection of data.

**Table 7: Desktop review findings**

Common issues identified	Action
Starting quantum in reconciliation does not match final audited accounts	The starting figure for the quantum <b>must</b> equal the sum of the operating expenses reported in the accounts. Any adjustments should be agreed with costing and included in user-defined lines.
Operating income in reconciliation does not match final audited accounts	The total for lines for research and development and education and training other operating income <b>must</b> reconcile to the total for other operating income in the accounts. Any adjustments should be agreed with NCC team and included in user-defined lines.
User-defined line adjustments not agreed	Any adjustments made to the user-defined lines <b>must</b> be agreed with the NCC team annually. Approval is only for one year.
No reconciliation of entries to audited accounts	Trusts must match figures outlined in the NCC reconciliation back to the final audited accounts.
Non-NHS patient costs versus non-NHS patient income	If trusts have issues identifying and splitting out non-NHS patients into private, non-reciprocal, etc and there is significant variance (positive and negative), they should contact the NCC team.
Exclusions	If trusts are unsure where to exclude a service or aids and appliances, they should consult the NCC team before making the adjustment(s).

# 10. Acute dry run updates

192. Ahead of the 2020 collection, the NCC team sought to learn lessons from the experience of the first mandated PLICS collection in 2019.
193. To improve future collections and move towards a single cost collection in 2022, the collection needs to evolve by moving more services out of the workbook and into the PLICS submissions.
194. To embrace the changes to the tools and processes, to mitigate any risk associated with collecting new data in a live collection, and to allow the initial submission period to open earlier and be shorter, a thorough test (dry run collection) was done earlier this year. This tested the:
- NCC guidance
  - technical document which goes alongside the Approved Costing Guidance – Standards
  - acute extract specification
  - data validation tool (DVT)
  - NCC workbook.
195. The dry run aimed to identify any issues that would previously have been picked up by early submitters, and thereby build confidence in the new feed types work, to encourage more trusts to implement them in 2020.
196. The dry run cost collection was limited to testing the acute sector cost collection for 2020. It ran from 16 March 2020 to 15 April 2020 and involved the following stakeholders:
- NHS England and NHS Improvement
  - software suppliers
  - providers.
197. The dry run tested the process up to the point of submission to NHS Digital. Feedback from the dry run was discussed with NHS Digital, and the Acute extract specification updated as necessary.

- 198. All suppliers were invited to participate in the dry run cost collection.
- 199. Four suppliers and partner trusts volunteered for the dry run collection. Suppliers chose the partner trusts they worked with. Those trusts were expected to meet a minimum set of criteria.
- 200. Suppliers that could not take part were still able to access all the documentation for the dry run collection, and were invited to and participated in the project calls and feedback processes.
- 201. We would like to thank the four trusts and their software suppliers for their support throughout the dry run; it proved to be a very valuable exercise.
- 202. Our four dry run partners were all able to send some data to us. Table 8 shows the files they submitted.

**Table 8: Data received from trust partners during the dry run**

Data received							
	APC	OP	AE	SWC	SI	Rec	Workbook
Partner 1	✓	✓	✓	✓	✓	✓	✓
Partner 2	✓	✓	✓	✓	✓	✓	✓
Partner 3	✓	✓	✓				✓
Partner 4	✓	✓	✓	✓	✓	✓	

203. During the dry run collection we received 33 queries from our partners, some of which were resolved during the collection and some subsequently. The queries fell into the following broad categories:

- acute specification

- DVT
- NCC guidance
- technical document
- workbook.

204. The changes made as a result of the issues raised during the dry run can be found in Annex 1. We highlight those that change or clarify the guidance issued in *Volume 3: National Cost Collection – Acute sector*.

205. All parties agreed the dry run collection has better prepared us for the 2020 NCC. The lessons from this include:

- the dry run is a very valuable exercise, particularly as changes are now applied to 'live' collections, without first piloting them, due to the complexity of PLICS collections
- highlights both minor and more complex issues before the collection opens, giving us the opportunity to resolve them ahead
- work with NHS Digital to ensure 'end-to-end' testing where appropriate
- encourages all costing software suppliers to participate
- timing was appropriate for the initially planned opening of the submission window.

# Annex 1: Clarifications to Volume 3 – acute sector

## Guidance clarification

### 206. Paragraph 167

NHS England and NHS Improvement were asked to clarify paragraph 167 of Volume 3 of the NCC guidance as it refers to trim points which have been phased out.

*167. You should not attempt to separately identify non-discrete rehabilitation costs during an APC stay. You should not use unbundled rehabilitation HRGs to describe the cost of activity beyond an HRG trim point for any acute or non-specified HRG.*

**Clarification:** This paragraph refers to discrete specialist rehabilitation collected in the workbook on the REHAB tab. Excess bed days for data submitted anywhere in the NCC workbook should be included in the FCE. No excess bed days will be separately collected in 2020. ([DR015<sup>30</sup>](#))

### 207. Low cost HRG – validation

NHS England and NHS Improvement were asked to clarify zero and minimal cost HRGs where we used different modal verbs ('should' and 'may') in different sections of the guidance. We were also asked to clarify what constitutes 'minimal'.

**Clarification:** The correct modal verb in all circumstances is 'should', so for paragraphs 177, 216 and 230 of Volume 3 please read 'may' as 'should'. As per the costing principles, it is the provider's responsibility to identify minimal cost HRGs under the concept of materiality. The DVT and NCC workbook validations consider an FCE of <£5 as low cost. If you have HRGs with

<sup>30</sup> DR, dry run query.

minimal costs, they will not fail the DVT submission process but will trigger warnings. ([DR017](#))

#### 208. **Costing grouper for 2019/20**

NHS England and NHS Improvement were asked to clarify the correct grouper as we referred to it by two different names on pages 5 and 17 of Volume 3.

**Clarification:** Providers should use the same grouper as for the 2019 collection: 'reference costs grouper HRG4+ 2018/19'.

NHS England and NHS Improvement appreciate this name may cause some confusion. However, to ensure a grouper was ready for use early in the costing cycle, we decided to continue with the 2018/19 one. A name change would have required a full testing process, despite there being no changes to the underlying HRGs in the grouper. ([DR025](#))

#### 209. **Adult critical care in the SWC feed**

The guidance and Standard CM6: Critical care contradict regarding the treatment of outreach costs for critical care.

**Clarification:** Standard CM6 has been updated. The cost of outreach in the standard should be on general wards and not an overhead to critical care patients. The updated Standard CM6 supersedes the guidance in Volume 3 in terms of the costing of critical care outreach costs.

- If a patient on a general ward is supported by the outreach team, then the cost of the outreach team is attributable to them.
- If a patient is recorded in the Critical Care Minimum Dataset while on a general ward, they would normally be supported by critical care staff from the main ICU, not the critical care outreach team. However, this varies and where material, you should discuss this with the service.

#### 210. **Supplementary information (SI) feed**

NHS England and NHS Improvement were asked if direct access imaging can be submitted in the SI feed.

**Clarification:** All direct access diagnostic imaging should be submitted via the NCC workbook. (DR013)

NHS England and NHS Improvement were asked how to identify whether a drug is sensitive or not, to understand where drugs should be submitted.

**Clarification:** High cost drugs now have one of two prefixes, identifying where/how they should be submitted. Any high cost drugs prefixed with PHCD should be submitted in PLICS via the SI feed and any prefixed with HICD must be submitted via the NCC workbook. (DR020)

NHS England and NHS Improvement were asked how unmatched high cost drugs and high cost devices should be included in the NCC.

**Clarification:** These should be submitted via PLICS in the SI feed without a PLEMI. (DR016)

NHS England and NHS Improvement were asked where sensitive/legally restricted unbundled imaging should be submitted.

**Clarification:** It is unlikely that an unbundled radiology test will be classified as sensitive/legally restrictive. However, should unbundled imaging be identified, it should be submitted in the NCC workbook. (DR035)

NHS England and NHS Improvement were asked to confirm what combination of resources and activities should be used in the SI feed for unbundled items.

**Clarification:** Table A1.1 shows the items and what coding must be used. (DR018)

**Table A1.1: Unbundled collection resource and collection activity mapping<sup>31</sup>**

Unbundled Item	CSIU	Resource	Activity
High cost drugs and high cost blood products	1	CPF027	PHA003
High cost devices	2	CPF029	THR003
Outpatient diagnostic imaging	3	CPF031	DIM001 DIM002 DIM003 DIM004 DIM005 DIM006 DIM007 DIM008 DIM009 ODT006 <sup>32</sup>

<sup>31</sup> The reference table in the acute extract specification has more combinations but mapping should be used.

<sup>32</sup> CPF031-ODT006 is not on the Acute Extract Specification v1.1, worksheet 'Ref Data – Combinations' (published [here](#) on 29 May 2020) however, as this worksheet has only been included to indicate the probable combination, records linked to CPF031-ODT006 will should as part of your output.

# Annex 2: Updated board assurance

1. As Director of Finance (or equivalent position) I certify the following:

- The activity included in the National Cost Collection in 2020 for *<insert trust name and org code here>* is consistent<sup>33</sup> with the activity submitted to the sector's mandated dataset<sup>34</sup> submitted to NHS Digital for financial year 2019/20.
- The quantum has been reconciled to the audited/unaudited *<delete as appropriate>* accounts submitted to NHS England and NHS Improvement on *<insert submission date here>*.
- With the exceptions of those issues included in Annex A, the trust has complied with the Approved Cost Guidance for England, including the relevant costing standards for England for 2019/20 and the National Cost Collection guidance.
- I have reviewed and ensured any mandatory validations are correct and all uncorrected non-mandatory validations have been reviewed and do not impact on the data quality of the overall submission.

*<Summarise any significant issues at the trust – for example, inability to submit patient level data for new data feeds – in an annex; Annex A.>*

2. I can confirm that, at an appropriate time, the costs included in this return will be reviewed with clinicians and services, and any errors or issues corrected as part of the 2020/21 submission.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Trust: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>33</sup> Consistent means that there is less than a 0.5% difference between total activity in the National Cost Collection for 2019/20 and your organisation's mandated dataset.

<sup>34</sup> Hospital Episode Statistics (HES) for Acute, Community Services Data Set (CSDS) and Mental Health Services Data Set (MHSDS)/Improving Access to Psychological Therapies Data Set (IAPT) for Mental Health. There is no mandated dataset for the ambulance sector.

(A signed copy should be submitted to NHS England and NHS Improvement via [costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk) citing 'Executive authorisation of NCC 2020 <trust code> in the subject line'. The trust should maintain a copy of this signed document.)

# Annex 3: NHS Digital submission platforms

## Submission platforms explained

- 211. SDCS is to be used to submit your NCC workbook.
- 212. SEFT is to be used to submit your PLICS acute data.
- 213. SEFT is also to be used to access some reports available to practitioners when assuring their data.

## Strategic data collection service (SDCS)

### Accessing SDCS

---

- 214. All trusts should read this guide to familiarise themselves with the system before the collection.
- 215. If you require access to SCDS, you should email NHS Digital at [data.collections@nhs.net](mailto:data.collections@nhs.net) to request this. You can have two concurrent users per trust for this submission. Please note that your director of finance does not need access to SDCS.
- 216. If you are new to using this system, you will receive an email from NHS Digital inviting you to register to use it (see

217. **Figure A3.1).** Click the hyperlink to access the correct URL: from the landing screen you can either register (on your first visit) or sign-in (on any subsequent visits).

## Figure A3.1: SDCS invitation email

--- This message was sent from an email address external to NHSmail but gives the appearance of being from an NHSmail address. Verify the sender and content is legitimate before acting upon information contained within. ---

Welcome,

You have been associated with the following organisation(s) and can submit data on their behalf:

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (RAE)

You have been invited to become a user of the NHS Digital Strategic Data Collection Service (SDCS) to enable you to **submit data** for the RefCost collection.

Please click [here](#) to login using your existing NHS Digital Single Sign-On account or to register for an SSO account to access the SDCS data submission site.

**Please note that this email invite is specific to you as it is your details that are associated with your organisation on SDCS. If you are not the correct person to submit data please contact us using the email listed below.**

More information about the RefCost collection is available [here](#).

218. Your username for SDCS will be the email address you provided when nominating your system users.

219. On clicking the hyperlink in the email you will arrive at the SDCS landing page (see Figure A3.2 below). Click **Sign In** and you will be taken to the sign-in/registration page.

## Figure A3.2: SDCS landing page



220. Figure A3.3 shows the sign-in/registration page: the first time you visit SDCS you will need to register; on subsequent visits you will use the same page to sign-in to the collection.

## Figure A3.3: Sign-in/registration page



NHS Digital	Sign in
<p>You have arrived at NHS Digital account sign in page.</p> <p>Our accounts use a single sign-on system. This means you only log in once to gain access to the NHS Digital tools and web applications such as <a href="#">iView</a>. Use your existing username and password to login.</p> <p>From your NHS Digital account you can manage your details and preferences from one secure place by using the 'My Account' feature.</p> <p><i>*Some tools contain data that will require authorisation before you can use them.</i></p> <p>To find out more about us and our services <a href="#">access our website</a>.</p>	<p>Username <input type="text"/></p> <p>Password <input type="password"/></p> <p><b>Sign in</b> </p> <p>We use cookies to improve our website and your experience using it. Without them, parts of this site will not work. If you need more information or want to change your cookie preferences, please see our <a href="#">privacy policy</a>.</p> <p><a href="#">Forgotten details?</a></p> <p>Don't have an account?</p> <p><b>Register</b> </p> <p>Having trouble? Contact us on 0300 303 5678 or <a href="mailto:enquiries@nhsdigital.nhs.uk">enquiries@nhsdigital.nhs.uk</a></p>

[Terms and conditions](#) [Privacy and cookies](#) [Internet disclaimer](#)

Copyright © 2018, the Health and Social Care Information Centre. All rights reserved. v1.1.257.713

221. When you click **Register** the first time you access SDCS, you will be taken to the registration screen (see Figure A3.4). Your username will be the email address you used to generate the invitation to SDCS.

**Figure A3.4: Registration page**



**Create your NHS Digital account**

**Tell us your name and other details**  
(All fields are required)

Your email will be your username to sign in...

Email

Re-enter email

**Choose your password**  
Your password must meet the following rules:

- At least 10 characters
- Not more than 2 identical characters in a row (e.g., 111 not allowed)
- Must meet at least 3 out of the following 4 complexity rules:
  - At least 1 uppercase character (A-Z)
  - At least 1 lowercase character (a-z)
  - At least 1 digit (0-9)
  - At least 1 special character:  
! " # \$ % & ' ( ) \* + , - . / : ; = ? @ [ \ ] ^ \_ ` { | } ~

Password

Re-enter password

Display name

Forename(s)

Surname

Job Title

Organisation

We'd like to keep you informed about features and services that are relevant to the applications you use. Please tick the box to hear from us. We will not pass your details to third parties, and this will not affect ongoing notification of system updates.

**Verification**  
Type the code shown





222. Complete all the fields to set up your account, type in the required verification code and click **Create my account**.

223. Following registration, you will be taken back to the sign-in screen (Figure A3.3). Click **Sign-In** and you will be taken to the submissions screen for the 2020 collection.

## Using SDCS to submit your NCC workbook and view previous submissions

224. Figure A3.5 shows what the SDCS homepage will look like once you have registered and signed into the system. From here you can view your account information, sign out or make and view data submissions.

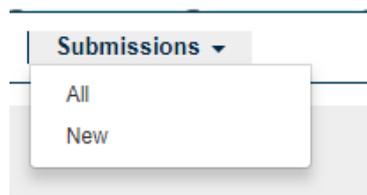
225. To make or view a submission, click the **Submissions** dropdown.

**Figure A3.5:**  
**Homepage when signed in**



226. As shown in Figure A3.6, you will be given two options: All or New. We go through the new submission process in the next few screenshots.

**Figure A3.6: Viewing or making submissions**



227. Clicking **New** will take you to the submission upload screen (see Figure A3.7).

**Figure A3.7: Submission upload screen**

A screenshot of the 'Create Data Collection Submission' form. The page title is 'NHS Digital Data Collection' with the NHS Digital logo on the left. On the right, it says 'Hello Tim Edmondson' and has 'My Account' and 'Sign out' buttons. Below the header, there is a navigation bar with 'Home' and 'Submissions' (with a dropdown arrow). The main content area is titled 'Create Data Collection Submission' and has a 'View Guidance' link. The form has the following fields: 'Collection' (dropdown menu with 'RefCost' selected), 'Organisation' (dropdown menu with 'BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST' selected), 'Period' (dropdown menu with 'RefCosts-2018' selected), and 'Data File' (file upload field with a 'Choose file' button). There is also a 'Notes [Optional]' text area. At the bottom, there is a 'Test Submission' checkbox and a 'Create' button.

228. You should check the collection, organisation and period fields are correct on the submission upload screen. These will have been automatically populated.

Clicking the **View Guidance** link will take you to the latest collection guidance.

229. You should always check you are using the latest NCC workbook before making a submission. We will let users know through the online learning platform (OLP) if there is an update to the NCC workbook, but when you are ready to upload, you **must** download the NCC workbook from this screen using the **Download Proforma** button. The test version on the NHS England and NHS Improvement website is not compatible with SDCS.
230. When you have downloaded and completed the latest version of the workbook, you should save the file locally and then, when you are ready to upload, click the **Choose file** button and locate the version of the workbook you want to upload.
231. Figure A3.8 shows what the submission upload screen will look like once you have added your completed workbook; you can see the name of the workbook in the **Data File** box.

**Figure A3.8: Submission upload screen with file added**

The screenshot shows the 'Create Data Collection Submission' page in the NHS Digital Data Collection system. The page header includes the NHS Digital logo, the title 'NHS Digital Data Collection', and user information 'Hello Tim Edmondson' with 'My Account' and 'Sign out' links. The main content area is titled 'Create Data Collection Submission' and includes a 'View Guidance' link. The form contains the following fields and buttons:

- Collection:** A dropdown menu showing 'RefCost' and a 'Download Proforma' button.
- Organisation:** A dropdown menu showing 'BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST'.
- Period:** A dropdown menu showing 'RefCosts-2018'.
- Data File:** A text box showing 'RefCosts-V6.xlsm' and a 'Choose file' button.
- Notes [\* Optional]:** A large text area for entering notes.
- Test Submission:** A checkbox labeled 'Test Submission'.
- Create:** A button with a right-pointing arrow.

232. Use the **Test Submission** box on this screen if all you want to do is check the functionality of the system. If you tick this box, your data **will not** flow through to the reports and you will receive an email letting you know you have submitted a test submission only.

233. When you have uploaded the file and are ready to submit, click **Create**. This will start the upload process.

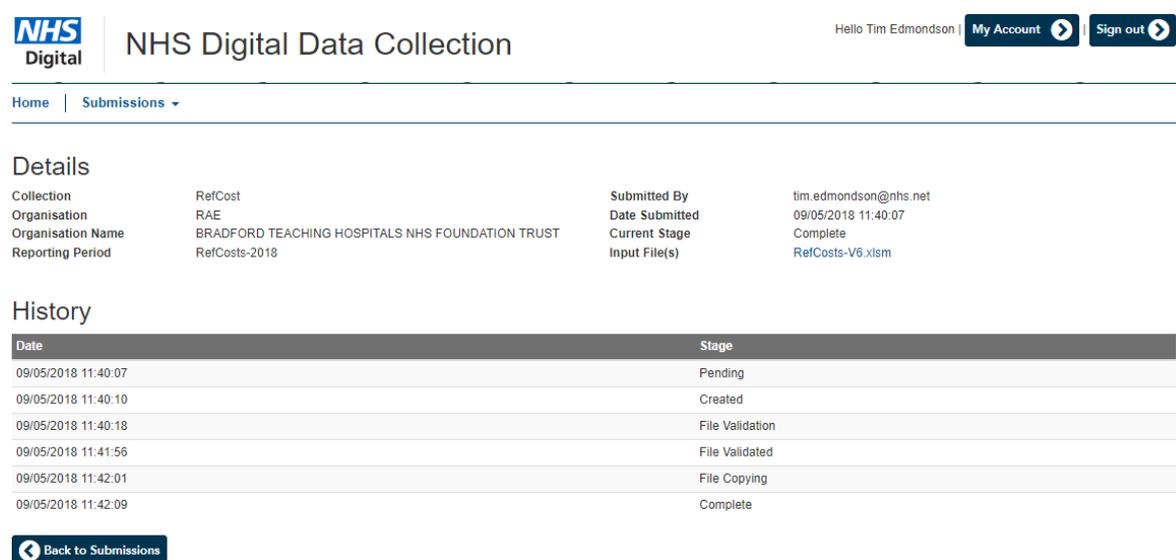
234. If this is your first submission, the file will start to upload, but if you have already made a submission, you will receive the error message shown in Figure A3.9 below. Simply tick the **Allow Resubmit** box and click **Create** again.

235. Once you have either clicked **Create** for the first time or ticked the **Allow Resubmit** box and clicked **Create** for subsequent uploads, you will see the screen shown in Figure A3.10. From here you can track the uploading of your submission: do not close this screen until it shows 'Complete' in the history section.

**Figure A3.9: Submission upload screen showing error**

The screenshot shows the NHS Digital Data Collection submission interface. At the top left is the NHS Digital logo and the text 'NHS Digital Data Collection'. On the top right, it says 'Hello Tim Edmondson' with 'My Account' and 'Sign out' buttons. Below the header is a navigation bar with 'Home' and 'Submissions' (with a dropdown arrow). The main heading is 'Create Data Collection Submission' with a 'View Guidance' link. A red error banner states: 'There is a problem with this Submission. Please see below for details.' Below this, there are several form fields: 'Collection' (RefCost), 'Organisation' (BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST), 'Period' (RefCosts-2018), and 'Data File' (RefCosts-V6.xlsm). There are 'Download Proforma' and 'Choose file' buttons. A 'Notes' field is also present. At the bottom, there are checkboxes for 'Test Submission' (unchecked) and 'Allow Resubmit' (checked). Below the 'Allow Resubmit' checkbox, a red error message reads: 'A submission for this period already exists. Please confirm you wish to replace it.' A 'Create' button is at the very bottom.

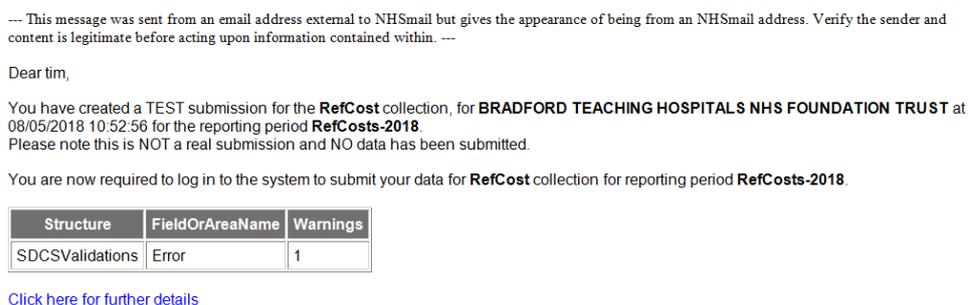
**Figure A3.10: Upload progress screen**



236. Following each submission, you will receive an automated email from NHS Digital to let you know the status of your submission and whether it has been successful.

237. **Error! Reference source not found.**A3.11 shows the email you will receive if you ticked the 'test submission' box on the submission page, Figure A3.12 the email on making a successful submission and Figure A3.13 the email once you have submitted a workbook with the relevant sign-off box checked on the control panel of the workbook.

**Figure A3.11: Test submission email**



## Figure A3.12: Successful submission email

--- This message was sent from an email address external to NHSmail but gives the appearance of being from an NHSmail address. Verify the sender and content is legitimate before acting upon information contained within. ---

Dear tim,

Thank you for submitting your data for the **RefCost** collection.

Data was successfully submitted for **BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST** at 08/05/2018 11:40:07 for the reporting period **RefCosts-2018**.

[Click here for further details](#)

## Figure A3.13: Signed-off submission email

--- This message was sent from an email address external to NHSmail but gives the appearance of being from an NHSmail address. Verify the sender and content is legitimate before acting upon information contained within. ---

Dear tim,

Thank you for submitting your data for the **RefCost** collection.

Data was successfully submitted for **BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST** at 08/05/2018 13:55:46 for the reporting period **RefCosts-2018**.

The following potential issues with your successful submission have been identified, please investigate and consider updating your systems for future submissions.

Structure	FieldOrAreaName	Warnings
SDCSValidations	Error	1

[Click here for further details](#)

238. Once you have uploaded some data, you can click **All** (see Figure A3.14), and you will see the history of any submissions you have made on the submission history screen (see Figure A3.14).

## Figure A3.14: Submission history screen

Collection	Org Code	Organisation	Period	Submitted By	Current Stage	Test	Actions
RefCost	RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	RefCosts-2018	tim.edmondson@nhs.net	Complete		<a href="#">Detail</a>
RefCost	RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	RefCosts-2018	tim.edmondson@nhs.net	Complete		<a href="#">Detail</a>
RefCost	RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	RefCosts-2018	tim.edmondson@nhs.net	Test Complete	✓	<a href="#">Detail</a>

239. From this submission history screen, you can pull up the details of each of the submissions you have made. The example shown in Figure A3.15 is from the signed-off submission.

240. You can view the workbook you have submitted by clicking the hyperlink including your workbook name and see whether the upload has generated any system errors or warnings.

**Figure A3.15: Individual submission history screen**

**Details**

Collection	RefCost	Submitted By	tim.edmondson@nhs.net
Organisation	RAE	Date Submitted	08/05/2018 13:55:46
Organisation Name	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Current Stage	Complete
Reporting Period	RefCosts-2018	Input File(s)	RefCosts-V6.xism

**Validation Summary** [View Guidance](#) [Download All Validations](#)

Structure	Field or Area name	Errors	Warnings
SDCSValidations	<a href="#">Error</a>	0	1
<b>TOTAL</b>		<b>0</b>	<b>1</b>

**History**

Date	Stage
08/05/2018 13:55:46	Pending
08/05/2018 13:55:47	Created
08/05/2018 13:55:55	File Validation
08/05/2018 13:57:16	File Validated
08/05/2018 13:57:22	File Copying
08/05/2018 13:57:28	Complete

[Back to Submissions](#)

241. For details of what the error or warning is, select the **Error** hyperlink. A new page will open showing what prompted the error or warning.

242. In the example error warning screen shown in Figure A3.16, the submission was signed-off before it was uploaded and the warning message just informs the user that because of this they cannot make any further submissions into SDCS.

243. This underlines the importance of making sure that your signed-off submission is your final submission. If you have a valid reason for needing to resubmit, do get in touch with the NCC team. We will not be able to allow resubmissions as quickly as we could with Unify2 as it is now up to NHS Digital to 're-associate' your trust with the collection.

**Figure A3.16: Example warning message**

Validation Messages - SDCSValidations - Error

Location	Level	Message
Error	Warning	Sign off has been confirmed, your organisation will no longer be able to submit for this collection

244. Once you have made a successful submission, you can view the reports. The next section of this guide covers access to and downloading of reports via SEFT.

## Secure electric file transfer (SEFT)

- 245. A suite of data reports will be available for the 2020 collection..
- 246. Reports will be run overnight. The aim is that you will be able to access them the day after you make a successful submission.
- 247. If you are new to the system, you will receive an invitation to register for SEFT (Figure A3.17); this will be sent to the people who requested SDCS access.

### Figure A3.17: SEFT invitation

Good morning

You have been nominated as a SEFT user.

Data can be submitted by accessing [this link](#)

You should have received an automated email providing further details of how to log in for the first time. (click sign in>register)

The data will be available to review via SEFT. This can be accessed at [this link](#)

Your username for SEFT will be **SDCS\_T1234\_XX**

As SEFT is a live system, your password will be sent to you by text, once you have confirmed receipt of this email. Please provide a mobile number for me to do so. Alternatively give me a call on one of the numbers below.

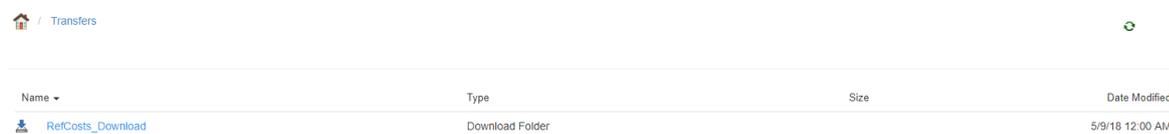
- 248. You will need to register for SEFT by clicking the link in the email. Although the email contains your username, in your reply you will need to give your mobile number to receive a password via text message.
- 249. If you are uncomfortable sharing your mobile number with NHS Digital, you can call the number in the email to request a password over the phone.
- 250. Once you have your username and password, click the link and fill in the sign-in details (Figure A3.18). The first time you log in you will be asked to change your password (your username cannot be changed).

Figure A3.18: SEFT login screen



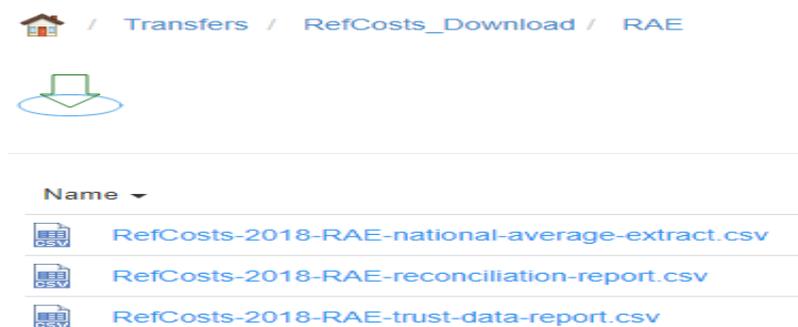
251. Once you have logged in, you will see the SEFT report homepage (Figure A3.19). Please note that if you are submitting aggregated costs and PLICS, you will see two folders on this screen. To view the aggregated costs reports, click the RefCosts\_Download hyperlink.

Figure A3.19: SEFT report homepage



252. This will open a separate folder with your latest reports (Figure A3.20). Please note that these reports are automatically refreshed each day, so if you make a new submission your old data will be overwritten. The reports are not archived in SEFT, so if you need to retain old reports you will need to download and save them locally.

Figure A3.20: Your trust reports



Contact us:

**[costing@improvement.nhs.uk](mailto:costing@improvement.nhs.uk)**

**NHS England and NHS Improvement**

Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

This publication can be made available in a number of other formats on request.

Publication approval reference: 001143